

**Application/Nomination Form for the post of Academic Council Member, ICCA**

**(Tenure: Feb. 2024 to Feb. 2026)**

Name of the person nominated (self or other):

IACTA number:

Life membership of IACTA since:

Email:

Mobile no.:

Address:

**Eligibility criteria:**

- a. Should be an active life member of IACTA
- b. Should not have faced any disciplinary action by IACTA
- c. Should have extraordinary academic credentials.
- d. Should have attended at least six (6) IACTA conferences and should have attended at least four (4) times as faculty.
- e. Should have attended at least five (5) IACTA endorsed TEE conferences and should be a faculty for at least three (3) times.
- f. Should be a reviewer for ACA, IACTA Echo Library and other indexed journals.
- g. Should preferably have contributed in training of at least three (3) candidates for DM Cardiac anaesthesia or fellowship in cardiac anaesthesia or TEE fellowship or FNB or DNB or PDCC cardiac anaesthesia.
- h. Should have published at least five (5) papers related to cardiac anaesthesia in any indexed journal.
- i. There should be two (2) publications at IACTA Echo Library as authors or co-authors.
- j. Should have at least twenty five (25) guest lectures at various national and international conferences in specialty of cardiac anaesthesia and / or TEE.
- k. Should be an editorial board member of ACA or should have served as editorial board member in past.

I declare that the information given above is correct and true to my knowledge. If any information given is found incorrect, the application / nomination will stand cancelled.

Name (signatures)

Nomination submitted by:

Name: (signatures)

Mobile: Date:

Email: Place:

**(The application/nomination form should reach to [iactasecretariat@gmail.com](mailto:iactasecretariat@gmail.com) by 20.05.2023)**

(Please attach the documents supporting the eligibility criteria along with application form)